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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: Examiner Ida M. Soward
Art Unit 2822
U.S. Patent and Trademark Office

DATE: February 28, 2006

FROM: Dariush G. Adli

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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MESSAGE:

Re: U.S. Patent Application No. 10/763,137, filed January 21, 2004.

Attached is a Response to the Office Action dated November 30, 2005 in the above-referenced application.

FOR INTERNAL PURPOSES ONLY

TELECOPY/FAX NUMBER: (571) 273-8300
CLIENT NUMBER: 88519.0002
ATTORNEY BILLING NUMBER: 5214
CONFIRMATION NUMBER:

FORM PTO-1083

Attorney Docket No. 88519.0002
Customer No. 26021

FEB 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ken NAKAHARA

Serial No: 10/763,137

Confirmation No: 6402

Filed: January 21, 2004

For: GaN System Semiconductor Light Emitting Device
Excellent in Light Emission Efficiency and Light
Extracting Efficiency

Art Unit: 2822

Examiner: Ida M. Soward

I hereby certify that this correspondence
is being transmitted via facsimile to Group
Art Unit 2822 at (571) 273-8300 on:

February 28, 2006

Date of Deposit

Sherif Yaghoobzadeh

Name

Signature

2/28/06

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$_____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$_____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Dariush G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: February 28, 2006

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Appl. No. 10/763,137
Response Dated February 28, 2006
Reply to Office Action of November 30, 2005

Attorney Docket No. 88519.0002
Customer No.: 26021

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Sherin Yaghoubzadeh

Name

Signature

2/28/06

Date

RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated November 30, 2005, Please reconsider
the above-referenced application as follows:

No amendments to the claims are offered. A listing of claims begins on
page 2 of this paper.

Remarks begin on page 5 of this paper.